

CHECKSHEET FOR FEDERAL COMPARATIVE SURVEYS

PROVIDER NAME AND NUMBER:**Region:**

CONDITIONS OUT STATE?
YES NO

FST MEMBERS:

SURVEY DATE:

CONDITIONS OUT FEDERAL
SURVEY?
YES NO

_____ What date is given as the most current survey per OSCAR report?

Yes ___ No ___ Was the State Agency's 2567 available within ten (10) days of the completion of the State survey?

Yes ____ No ____ Did the State Agency team complete the sample selection correctly? (Please explain if not correct.)

Yes ___ No ___ Did the Federal Survey Team make changes in the State Agency's sample selection? Please explain changes.

[illegible]

Recommendations from Region or Additional Comments:

Prepared by - Federal Survey Team Leader

Date _____

Reviewed by Regional Office Designee

Date _____

